PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450

Alexandria 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This fact should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

| appropriate. A restricted indicated unless corrected maintenance fee notification | espondence including the P below or directed otherwise as. | atent, advance or in Block I, by (a | ders and not) specifying | ification a new c | of maintenance fees orrespondence addre | will be mailed to the curress; and/or (b) indicating a s | ent correspondence address as eparate "FEE ADDRESS" for | |
|---|---|--|---|---|---|---|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 26710 7590 06/21/2006 | | | | | C | ertificate of Mailing or Tra | ansmission | |
| QUARLES & BRADY LLP 411 E. WISCONSIN AVENUE | | | | | I hereby certify that States Postal Service | this Fee(s) Transmittal is be with sufficient postage for | eing deposited with the United first class mail in an envelope ess above, or being facsimile e date indicated below. | |
| SUITE 2040 | N AVENUE | | | | addressed to the M | ail Stop ISSUE FEE addre | ess above, or being facsimile to date indicated below. | |
| | I 53202 4 49 07/07/2006 | EAYALEW2 00000 | 074 17005 | 5 108 | 11401 | orge EHaes | (Depositor's name) | |
| i | 92 FC:1504 | 1488-88 | PA | | Res | ne 5 Hard | (Signature) | |
| | 03 FC:8001 | 30.00 DA | | | Ju | me 29, 2006 | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED | | | ATTORNEY DOCKET NO | . CONFIRMATION NO. | |
| 10/811,401 | 03/26/2004 | Kenneth (| | C. Mennen | | 470223.00013 | 3283 | |
| · | OF INVENTION: AUTOMATIC HYDRAULIC LOAD LEVELING SYSTEM FOR | | | | | ., | | |
| · | | | | | | | | |
| i. | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FE | ΕE | PUBLICATION FEE | | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | | \$300 | | \$1700 | 09/21/2006 | |
| EXAMINER | | ART UNIT | | CI | ASS-SUBCLASS | | | |
| BEACH, THOMAS A | | 3671 | | 037-348000 | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1. Quartes & 8 | | | | | | | | |
| | Correspondence | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | | | | | | |
| ☐ "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. | | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| HUSCO International Inc. Wankesha WI | | | | | | | | |
| | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗡 Corporation or other private group entity 🗀 Government | | | | | | | | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | | | |
| | | | | | nount of the fee(s) is | | | |
| | | | | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number | | | | |
| - Advance Order - # 01 | Copies 10 | | Deposit A | Account 1 | Number 17-00 | (enclose an e | xtra copy of this form). | |
| | (from status indicated above) | | | | | | | |
| | MALL ENTITY status. See 3 | | ••• | | | ALL ENTITY status. See 37 | | |
| NOTE: The Issue Fee and Punterest as shown by the reco | is requested to apply the Issue blication Fee (if required) words of the United States Pater | Fee and Publicat ill not be accepted at and Trademark | from anyone Office. | or to e other th | re-apply any previou | gistered attorney or agent; or | ication identified above. r the assignee or other party in | |
| Authorized Signature | Leage (Ho | - | | | Date | June 29, | 2006 | |
| Typed or printed name | George E. | Haas | | · | Registration | June 29, 27, 646 | 2 | |
| his collection of information application. Confidentialistic that the completed applies form and/or suggestions. | n is required by 37 CFR 1.31 ty is governed by 35 U.S.C. plication form to the USPTC for reducing this burden, sho | 1. The information 122 and 37 CFR 1 3. Time will vary build be sent to the | n is required 14. This col depending up Chief Inform | to obtain lection i oon the i nation O | or retain a benefit by | the public which is to file (| and by the USPTO to process) ding gathering, preparing, and time you require to complete epartment of Commerce, P.O. | |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.